

NOTICE OF INDEPENDENT REVIEW DECISION

June 24, 2003

MDR Tracking #: M2-03-1151-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a laceration to the lateral aspect of his right wrist on ___. He was treated by an orthopedic physician with wound closure and thumb spica splint. A new diagnosis of right carpal tunnel syndrome (CTS) was revealed after electromyography (EMG) and nerve conduction velocity (NCV) studies from 11/08/02.

Requested Service(s)

Right carpal tunnel release

Decision

It is determined that the proposed right carpal tunnel release is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on the medical record reviewed, there is no clinical history or physical exam documentation that point to a diagnosis of carpal tunnel syndrome (CTS). The nature of the injury casts doubt on its relationship to a possible carpal tunnel compression syndrome. While the electromyography and nerve conduction velocity interpretation notes bilateral CTS, the examiner notes "patient's symptoms are probably not related to this.....more suggestive of superficial radial nerve entrapment/injury at the wrist". This report leaves questions as to the possible directions of further treatments and emphasizes deficiencies in the documentation presented.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,